

Attorney Docket No. 10112791

PATENT

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Applicant: Tzu-Ching TSAI, YI-Nan CHEN, Filed: 8/21/2003 JUL - 2 2004
Hsin-Jung HO

Appl. No.: 10/645,681 Examiner: NHU, DAVID

Conf. No.: 8287 Art Unit: 2818

Title: METHOD FOR FORMING BOTTLE-SHAPED TRENCHES

Date: July 2, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

OFFICIAL
File Only

The Office Action mailed on April 29, 2004 has been carefully considered. In response thereto, the Applicant respectfully requests entry of the amendments and consideration of the remarks as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 8 of this paper.

07/15/2004 AJOHNS01 00000002 10112791 10645681
01 FC:1202 All amendments and remarks made herein are without prejudice.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10/645681

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	26	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	26 minus 20 = *	
INDEPENDENT CLAIMS	3 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 27	Minus	** 26 = /
Independent	* 3	Minus	*** 3 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

1-14

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE	OTHER THAN SMALL ENTITY
OR	OR
BASIC FEE 375.00	BASIC FEE 750.00
X\$ 9=	X\$18=
X42=	X84=
+140=	+280=
TOTAL	TOTAL

SMALL ENTITY	OTHER THAN SMALL ENTITY
OR	OR
RATE ADDITIONAL FEE	RATE ADDITIONAL FEE
X\$ 9=	X\$18= 1800
X42=	X84=
+140=	+280=
TOTAL ADDIT. FEE	TOTAL ADDIT. FEE 1800

AMENDMENT B	RATE ADDITIONAL FEE	RATE ADDITIONAL FEE
Total	X\$ 9=	X\$18=
Independent	X42=	X84=
	+140=	+280=
	TOTAL ADDIT. FEE	TOTAL ADDIT. FEE

AMENDMENT C	RATE ADDITIONAL FEE	RATE ADDITIONAL FEE
Total	X\$ 9=	X\$18=
Independent	X42=	X84=
	+140=	+280=
	TOTAL ADDIT. FEE	TOTAL ADDIT. FEE